

ARIZONA STATE BOARD OF HEALTH

1. PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

State File No. **93**
Registered No. **6**

STANDARD CERTIFICATE OF BIRTH

County **Gila** State **Ariz**
 Township **Hayden** or Village _____
 City **Hayden** No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)
 2. Full name of child **Robert Eugene Smith** If child is not yet named, make supplemental report, as directed

3. Sex **Male** If plural Births _____ 4. Twin, triplet, or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Legitimate? **Yes** 8. Date of birth **Jan 26, 1933**
 (Month, day, year)

9. Full name of FATHER **Robert Hugh Reed** 10. Full maiden name of MOTHER **Pearl Virginia Graham**

11. Residence (usual place of abode) **Hayden** (if non-resident, give place and state) 12. Age at last birthday **22** (years)

13. Color or race **White** 14. Age at last birthday **22** (years)

15. Birthplace (city or place) **Lawrence** (State or country) **Kansas**

16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Clerk**

17. Industry or business in which work was done, as silk mill, sawmill, bank, etc. **Woody**

18. Date (month and year) last engaged in this work _____ 19. Total time (years) spent in this work _____

20. Date (month and year) last engaged in this work _____ 21. Total time (years) spent in this work _____

22. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

23. If stillborn, period of gestation _____ (months or weeks) 24. Cause of stillbirth _____ { Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was _____ at _____ on the date above stated
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, or should make this return.

Signature of _____ M.D. or _____ Midwife

Address **Hayden** Filed **Jan 26, 1933** Registrar **W. D. Smith**

ten named added from supplemental report _____ (Date of) _____ Registrar _____

974-126-774